

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MED CARE & MEDICAID SERVICES

PRINTED: 04/13/2009
FORM APPROVED
OMB NO. 0938-0381

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G038 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
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| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 |
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| {W 000} | INITIAL COMMENTS A monitoring survey was conducted from March 24, 2009, through March 26, 2009. The Plan of Correction for the August 12, 2008 recertification survey, which was submitted by the facility on September 11, 2008, was the focus of this monitoring survey. The facility provided services and support for six male clients with various disabilities. The findings of this survey were based on observations and interviews at the group home and one day program, and a review of clinical and administrative records including the facility's unusual incident reports. | {W 000} | MAY - 1 2009 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 | |
| {W 120} | 483.410(d)(1) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to ensure that outside services met the needs of each client, for one of the six clients residing in the facility. (Client #2) The finding includes: The QMRP failed to ensure that Client #2's day program used the prescribed adaptive feeding equipment as evidenced below: Observations at Client #2's day program on March 24, 2009, at 12:27 PM revealed Client #2 eating lunch from a plastic storage container and was placed on a riser and using a built up teaspoon. Observations during the snack and | {W 120} | | 8/4/08 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4/20/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {W 120} | Continued From page 1 dinner at his residence on March 24, 2009, at 4:30 PM and 5:20 PM, respectively, revealed Client #2 was eating his meals utilizing a regular tablespoon, section plate and a plate riser. Interview with the Qualified Mental Retardation Professional (QMRP) on March 24, 2009, at approximately 10:00 AM indicated that she was unaware of the day program's usage of the plastic storage container for meals. She further indicated that during her last monitoring visit to the day program she observed the client using a plate riser, built up spoon and scoop plate. According to Client #2's Occupational Therapy (OT) assessment, dated January 12, 2009, which was reviewed on March 25, 2009 at approximately 10:00 AM. The client was recommended several adaptive feeding supports to include a three sided plate, and built up spoon. [See W159] | {W 120} | A meeting was held at client # 2's day program to review client # 2's eating protocol and adaptive equipment needs. The day program will implement the protocol at all times. Adaptive equipment to include a built up spoon, three sided plate and a plate riser have been provided for client # 2's use both in his residence and at his program. QMRP to monitor implementation during monthly visits to client # 2 day program and at his home. (Attachment A and B) | 03-26-09 | |
| W 124 | 483.420(a)(1) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients were informed of their risks and benefits of their medication, for one of the six clients residing in the facility. (Client #6) | W 124 | | | |

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| W 124 | <p>Continued From page 2</p> <p>The finding includes:</p> <p>The facility failed to ensure that informed consent was obtained from Client #6 and/or his legal guardian prior to the administration of his psychotropic medications.</p> <p>Medication administration observation on March 24, 2009 at 1:00 PM revealed that Client #6 received Serenquel, Inderal, Neurontin and Depakote. Interview with the Licensed Practical Nurse (LPN) on March 24, 2009 at 6:20 PM indicated that the client received the aforementioned medication for his maladaptive behaviors.</p> <p>During the entrance conference on March 24, 2009 at 8:00 AM, an interview was conducted with the Qualified Mental Retardation Professional (QMRP) revealed the client did not have the capacity to give informed consent for the use of medications and habilitation services.</p> <p>Review of Client #6's record on March 24, 2009, at 10:30 AM revealed a psychological assessment dated January 22, 2009, that verified the QMRP's statement. According to the assessment Client #6 "is not able to make independent decisions concerning his residential or day placements. He lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give his informed consent. He lacks the judgment and insight required to make decisions independently." The QMRP further revealed the client had a court appointed guardian to assist him in decision making.</p> | W 124 | <p>Client # 6's general medical Guardian has signed the consent form for the use of client# 6's psychotropic medications. The consent form includes the benefits /potential side effects associated with the medicating. QMRP will ensure that consents are appropriately signed by the Guardian.</p> <p>Attachment "C"</p> | 4/17/09 |

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| W 124 | Continued From page 3 Review of the client's medical record and additional interview with the QMRP on March 24, 2009 at approximately 10:45 AM failed to provide evidence that Client #6's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and/or a legally authorized representative. | W 124 | | |
| W 153 | 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that injuries of unknown origin were reported immediately to the administrator or to other officials in accordance with district law (22 DCMR, Chapter 35, Section 3519.10), for two of the six clients residing in the facility. (Clients #2 and #3) The findings include: 1. Review of the incidents and investigative reports on March 24, 2009 at 7:45 AM revealed the following: injuries of unknown origin had not been reported to the Administrator as required: On March 3, 2009, Client #3 was admitted to the local hospital for seizure activity. The client was discharged on March 9, 2009. During the client's hospital stay, the Qualified Mental Retardation | W 153 | Client#3 sustained an injury during his stay in the hospital. QMRP was unable to get any information pertaining to the incident. In-Service training was conducted by the Incident Management Coordinator with QMRP and residential staff on prompt reporting of injuries of unknown origin to administrator and DOH. Please See Attachment "D" | 03-26-09 |

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| W 153 | Continued From page 4 Professional (QMRP) observed abrasions to the client's forehead and to the top of his head on March 4, 2009. Interview with the QMRP and Program Director on March 25, 2009, at approximately 10:30 AM indicated that the abrasions occurred during the client's hospital stay and she could not obtain any information from the hospital staff, regarding the abrasions. Further interview revealed the injury of unknown origin was not reported to the administrator or to the Department of Health (DOH). There was no evidence the facility reported the injury of unknown origin immediately as required. 2. Review of a PCP note dated February 25, 2009 on March 25, 2009, at approximately 10:00 AM revealed Client #2 has swelling on his forehead. Interview with the QMRP on March 25, 2009, at approximately 10:30 AM revealed she had no knowledge of the swelling on Client #2's forehead. Interview revealed that the client went to his PCP on February 25, 2009, for a follow-up. Interview revealed the injury of unknown origin was not reported to the administrator or to the DOH. There was no evidence the facility reported the injury of unknown origin immediately to the administrator and DOH. | W 153 | Client#3 sustained an injury during his stay in the hospital. QMRP was unable to get any information pertaining to the incident. In-Service training was conducted by the Incident Management Coordinator with QMRP and residential staff on prompt reporting of injuries of unknown origin to administrator and DOH. <i>Attachment O</i> | 3/26/09 |
| W 154 | 483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. | W 154 | | |

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| W 154 | <p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to thoroughly investigate incidents of unknown origin, for two of the six clients residing in the facility. (Clients #2 and #3)</p> <p>The findings include:</p> <p>1. Review of the Client #2's medical record on March 25, 2009 at 10:00 AM revealed the following injuries of unknown origin:</p> <p>On February 25, 2009, the review of Client #2's medical record revealed the client had swelling on his forehead.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and Program Director on March 25, 2009 at approximately 10:30 AM revealed that the facility did not investigate the injuries of unknown origin.</p> <p>2. Observations on March 24, 2009 at 4:30 PM revealed Client #3 had scratches on his forehead and the top of his head. Interview with the QMRP and Program Director on the same date indicated that the client sustained the scratches during his hospital stay (March 3, 2009 through March 9, 2009). Further interview indicated that during the client's hospital stay, they could not obtain any information from the hospital staff, regarding the abrasions.</p> <p>At the time of the survey, the facility failed to provide evidence that the aforementioned incident had been investigated.</p> | W 154 | <p>Client#3 sustained an injury during his stay in the hospital. QMRP was unable to get any information pertaining to the incident. In-Service training was conducted by the Incident Management Coordinator with QMRP and residential staff on prompt reporting of injuries of unknown origin to administrator and DOH.</p> <p>(Attach met 2)</p> | 3/26/09 |
| (W 159) | 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL | (W 159) | | 8/15/08 |

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| {W 159} | <p>Continued From page 6</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview with the Qualified Mental Retardation Professional (QMRP) and record review, the QMRP failed to ensure integration, coordination and monitoring of client's feeding supports, for two of six clients residing in the facility. (Clients #2 and #6)</p> <p>The findings include:</p> <p>1. The QMRP failed to ensure that Client #2's day program used the prescribed adaptive feeding equipment as evidenced below:</p> <p>Observations at Client #2's day program on March 24, 2009, at 12:27 PM revealed Client #2 eating lunch from a plastic storage container and was placed on a riser and using a built up teaspoon. Observations during the snack and dinner at his residence on March 24, 2009, at 4:30 PM and 6:20 PM, respectively, revealed Client #2 was eating his meals utilizing a regular tablespoon, section plate and a plate riser.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on March 24, 2009, at approximately 10:00 AM indicated that she was unaware of the day program's usage of the plastic storage container for meals. She further indicated that during her last monitoring visit to the day program she observed the client using a plate riser, built up spoon and scoop plate.</p> | {W 159} | <p>A meeting was held at client # 2's day program to review client # 2's eating protocol and adaptive equipment needs. The day program will implement the protocol at all times. Adaptive equipment to include a built up spoon, three sided plate and a plate riser have been provided for client # 2's use both in his residence and at his program. QMRP to monitor implementation during monthly visits to client # 2 day program and at his home.</p> <p>(Attachment A and B)</p> | 3/26/09 |

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| {W 159} | Continued From page 7 According to Client #2's Occupational Therapy (OT) assessment, dated January 12, 2009, which was reviewed on March 25, 2009 at approximately 10:00 AM. The client was recommended several adaptive feeding supports to include a three sided plate, and built up spoon. 2. The facility's QMRP failed to ensure that there were, written instructions for addressing clients maladaptive behavior of pulling on nipples. [See W240] | {W 159} | Client # 6's BSP is being reviewed by the psychologist and revised to include interventions and strategies to address nipple pulling. A BSP will be implemented by | 5/20/09 | |
| W 240 | 483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that there were, written instructions for addressing clients maladaptive behavior of pulling on nipples, for one of the six clients residing in the facility. (Client #6) The finding includes: During evening observations on March 24, 2009 at 4:30 PM, Client #6 was observed pulling on his nipples. At 5:45 PM, Client #6's pocket shirt was torn. Interview with the Qualified Mental Retardation Professional (QMRP) on the same day at 6:45 PM revealed that the client had been pulling on his nipples because his shirt was torn and he did not come home from day program with a torn shirt. Further interview indicated that the client had a Behavior Support Plan (BSP) to address his behavior of nipple pulling. | W 240 | | | |

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| W 240 | Continued From page 8 Review of Client #6's Psychological Assessment dated January 22, 2009 on March 25, 2009 at 9:30 AM revealed, "pulling on nipples" as a targeted maladaptive behavior to be addressed in the client's IISP. Further review of the client's BSP dated February 3, 2009, included interventions to address the behaviors of aggression, clothes tearing and touching people. The BSP however, did not include interventions to address pulling on his nipples. Interview with QMRP on March 25, 2009, verified there was no evidence that the current BSP addressed documented interventions to manage Client #6's behavior of pulling on his nipples. The facility failed to develop written interventions to address and/or manage Client #6's maladaptive behavior. | W 240 | Client # 6's BSP is being reviewed by the psychologist and revised to include interventions and strategies to address nipple pulling. A BSP will be implemented by | 05-20-09 | |
| W 263 | 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee failed to ensure that restrictive programs were used only after written consents had been obtained, for one of the six client residing in the facility. (Client #2) The finding includes: Observation of the morning medication administration on March 24, 2009 at 6:00 PM | W 263 | | | |

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| W 263 | <p>Continued from page 9</p> <p>revealed Client #6 received medications including Seroquel, Incedral, Neurontin and Depakote. Interview with the Licensed Practical Nurse (LPN) after the medication administration revealed the aforementioned medications were used to address the client's maladaptive behaviors.</p> <p>During the entrance conference on March 24, 2009 at 8:00 AM, an interview was conducted with the QMRP revealed that the client did not have the capacity to give informed consent for the use of medications and habilitation services. The QMRP's statement was verified on March 24, 2009 at 10:30 AM through review of Client #6's psychological assessment dated January 22, 2009. According to the assessment, Client #6 "does not evidence the capacity to make independent decisions on her behalf regarding her habilitation planning, placement, treatment, financial and medical matters due to profound mental retardation. He can not execute a durable power of attorney." Continued interview with the QMRP, revealed that Client #6 had a court appointed guardian.</p> <p>Further review of Client #6's record on March 24, 2009 at approximately at 11:00 AM revealed that the client, in addition to taking psychotropic medications, also had a Behavior Support Plan dated February 3, 2009 to address his behaviors of aggression, clothes tearing and touching people. At the time of the survey however, the facility failed to provide evidence that consent was obtained for the use of the psychotropic medication and Behavior Support Plan (BSP) that were designed/conducted to reduce Client #6's behaviors. [Cross-refer to W124]</p> | W 263 | <p>Client # 6's general medical Guardian has signed the consent form for the use of client# 6's psychotropic medications. The consent form includes the benefits /potential side effects associated with the medicating. QMRP will ensure that consents are appropriately signed by the Guardian.</p> <p>Attachment "C"</p> | 04-17-09 | |
| W 331 | 483.460(c) NURSING SERVICES | W 331 | | | |

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| W 331 | <p>Continued From page 10</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility's nurse failed to ensure nursing services in accordance with clients needs, for one of the six clients residing in the facility. (Client #6)</p> <p>The findings include:</p> <p>1. The facility's nurse failed to monitor Client #6's blood pressure prior to administering his medication.</p> <p>Observations of the medication administration on March 24, 2009, at 6:00 PM, revealed the medication nurse prepared and administered Client #6's medications including Inderal 40 mg BID. Comparison of the medication administration observation and the physician's order dated March 2009, on March 24, 2009, at 7:30 PM revealed that the client's blood pressure should be taken prior to the administration of Inderal. Further review indicated that Inderal should be held if the client's blood pressure was less than 100 systolic.</p> <p>Interview with the medication nurse on March 24, 2009, at approximately 7:50 PM confirmed that she did not take Client #6's blood pressure prior to the administration Client #2's Inderal.</p> <p>2. The facility's nurse failed to ensure comprehensive treatment services for the maintenance of dental health. [See W356]</p> | W 331 | <p>An In-Service training for LPN, QMRP and HM was given by nursing director on 03/25/09 to ensure the proper med pass and all the medication administration procedures are followed. DC Health Care will ensure continue training of LPN's on a regular basis.</p> <p>Please See attachment # E</p> | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/13/2009
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G038 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
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NAME OF PROVIDER OR SUPPLIER

D C HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
47 QUINCY PLACE, NW
WASHINGTON, DC 20001

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------------|---|---------------------|---|----------------------------|
| W 331 | Continued From page 11 | W 331 | | |
| W 369 | <p>3. The facility's nurse failed to ensure that clients received all prescribed medications without error. [See W369]</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to ensure that each client received all prescribed medications without error, for one of the six clients residing in the facility. (Client #6)</p> <p>The finding includes:</p> <p>Observation of the medication administration on March 24, 2009, at 6:00 PM, Client #6 was observed being administered Zocor, Seroquel, Inderal, Neurontin, and Depakote. Comparison of the medication administration observation and the physician's order dated March 2009 on March 24, 2009 at 7:31 PM revealed that the client was also prescribed Peroxide Solution, five drops to both ears, three times per month. Interview with the medication nurse at 7:50 PM confirmed that she had completed her medication administration without administering Client #6's Peroxide Solution to his ears.</p> | W 369 | <p>An In-Service training for LPN, QMRP and HIM was given by nursing director on 03/25/09 to ensure the proper med pass and all the medication administration procedures are followed. DC Health Care will ensure continue training of LPN's on a regular basis.</p> <p>Please See attachment # E</p> | |

Health Regulation Administration

PRINTED: 04/13/2009
FORM APPROVED

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| (1 000) | INITIAL COMMENTS A monitoring survey was conducted from March 24, 2009, through March 25, 2009. The Plan of Correction for the August 12, 2008 recertification survey, which was submitted by the facility on September 2, 2008, was the focus of this monitoring survey. The facility provided services and supports for six male residents with various disabilities. The findings of this survey were based on observations and interviews at the group home and one day program, and a review of clinical and administrative records including the facility's unusual incident reports. | (1 000) | | | |
| (1 022) | 3501.5 ENVIRONMENTAL REQ / USE OF SPACE Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair. This Statute is not met as evidenced by: | (1 022) | | 8/13/08 | |
| 1 374 | 3519.5 EMERGENCIES After medical services have been secured, each GHMRP shall promptly notify the resident's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident. This Statute is not met as evidenced by: Based on staff interview and record review, the | 1 374 | | | |

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Program manager 4/30/09

EYSS12

If continuation sheet 1 of 9

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
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| 1374 | <p>Continued From page 1</p> <p>GHMRP failed to provide evidence of the prompt notification of parents or guardians of significant incidents, for two of the six residents residing in the facility. (Residents #2 and #3)</p> <p>The findings include:</p> <p>1. Review of the incidents and investigative reports on March 24, 2009 at 7:45 AM revealed the following injuries of unknown origin had not been reported to the Administrator as required:</p> <p>On March 3, 2009, Resident #3 was admitted to the local hospital for seizure activity. The client was discharged on March 9, 2009. During the client's hospital stay, the Qualified Mental Retardation Professional (QMRP) observed abrasions to the resident's forehead and to the top of his head on March 4, 2009.</p> <p>Interview with the QMRP and Program Director on March 25, 2009, at approximately 10:30 AM indicated that the abrasions occurred during the resident's hospital stay and she could not obtain any information from the hospital staff, regarding the abrasions. Further interview revealed the injury of unknown origin was not reported to the administrator or to the Department of Health (DOH). There was no evidence the facility reported the injury of unknown origin immediately as required.</p> <p>2. Review of a PCP note dated February 25, 2009 on March 25, 2009, at approximately 10:00 AM revealed Resident #2 has swelling on his forehead.</p> <p>Interview with the QMRP on March 25, 2009, at approximately 10:30 AM revealed she had no knowledge of the swelling on Resident #2's</p> | 1374 | <p>Client#3 sustained an injury during his stay in the hospital. QMRP was unable to get any information pertaining to the incident. In-Service training was conducted by the Incident Management Coordinator with QMRP and residential staff on prompt reporting of injuries of unknown origin to administrator and DOH.</p> <p>(Attachment D)</p> | 3/26/09 | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| 1374 | Continued From page 2 forehead. Interview revealed that the client went to his PCP on February 25, 2009, for a follow-up. Interview revealed the injury of unknown origin was not reported to the administrator or to the DOH. There was no evidence the facility reported the injury of unknown origin immediately to the administrator and DOH. | 1374 | In- Service training was conducted by the Incident Management Coordinator with QMRP on prompt reporting of injuries of unknown origin to administrator and DOH. Please See Attachment "D" | 3/26/09 | |
| 1379 | 3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that injuries of unknown origin are reported to the facility's administrator and government agencies as required by DC Regulation [22 DCMR Chapter 35 Section 3919.10], for two of the six residents residing in the facility. (Residents #2 and #3) The findings include: 1. Review of the incidents and investigative reports on March 24, 2009 at 7:45 AM revealed the following injuries of unknown origin had not been reported to the Administrator as required: | 1379 | | | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER O C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| 1379 | <p>Continued From page 3</p> <p>On March 3, 2009, Resident #3 was admitted to the local hospital for seizure activity. The client was discharged on March 9, 2009. During the client's hospital stay, the Qualified Mental Retardation Professional (QMRP) observed abrasions to the resident's forehead and to the top of his head on March 4, 2009.</p> <p>Interview with the QMRP and Program Director on March 25, 2009, at approximately 10:30 AM indicated that the abrasions occurred during the resident's hospital stay and she could not obtain any information from the hospital staff, regarding the abrasions. Further interview revealed the injury of unknown origin was not reported to the administrator or to the Department of Health (DOH). There was no evidence the facility reported the injury of unknown origin immediately as required.</p> <p>2. Review of a PCP note dated February 25, 2009 on March 25, 2009, at approximately 10:00 AM revealed Resident #2 has swelling on his forehead.</p> <p>Interview with the QMRP on March 25, 2009, at approximately 10:30 AM revealed she had no knowledge of the swelling on Resident #2's forehead. Interview revealed that the client went to his PCP on February 25, 2009, for a follow-up. Interview revealed the injury of unknown origin was not reported to the administrator or to the DOH.</p> <p>There was no evidence the facility reported the injury of unknown origin immediately to the administrator and DOH.</p> | 1379 | <p>In-Service training was conducted by the Incident Management Coordinator with QMRP on prompt reporting of injuries of unknown origin to administrator and DOH.</p> <p>Please See Attachment "D"</p> | 3/24/09 | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| (I 401) | Continued From page 4 | (I 401) | | |
| (I 401) | <p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the GHMRP failed to ensure necessary adaptive equipment was furnished and maintained, for one of the six residents residing in the facility. (Resident #2)</p> <p>The finding includes:</p> <p>The facility failed to ensure that Resident #2 was provided with the recommended adaptive feeding equipment. [See Federal deficiency report citation W436]</p> | (I 401) | <p>A meeting was held at client # 2's day program to review client # 2's eating protocol and adaptive equipment needs. The day program will implement the protocol at all times. Adaptive equipment to include a built up spoon, three sided plate and a plate riser have been provided for client # 2's use both in his residence and at his program. QMRP to monitor implementation during monthly visits to client # 2 day program and at his home.</p> <p>(Attachment A and B)</p> | 8/15/08 |
| (I 405) | <p>3520.7 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure professional services had been provided in accordance with each resident's needs, for two of the six residents residing in the facility. (Resident #2)</p> | (I 405) | | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
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| 1405 | <p>Continued From page 5</p> <p>The finding includes:</p> <p>The QMRP failed to ensure that Resident #2's day program used the prescribed adaptive feeding equipment as evidenced below:</p> <p>Observations at Resident #2's day program on March 24, 2009, at 12:27 PM revealed Resident #2 eating lunch from a plastic storage container and was placed on a riser and using a built up teaspoon. Observations during the snack and dinner at his residence on March 24, 2009, at 4:30 PM and 6:20 PM, respectively, revealed Resident #2 was eating his meals utilizing a regular tablespoon, section plate and a plate riser.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on March 24, 2009, at approximately 10:00 AM indicated that she was unaware of the day program's usage of the plastic storage container for meals. She further indicated that during her last monitoring visit to the day program she observed the client using a plate riser, built up spoon and scoop plate.</p> <p>According to Resident #2's Occupational Therapy (OT) assessment, dated January 12, 2009, which was reviewed on March 25, 2009 at approximately 10:00 AM. The client was recommended several adaptive feeding supports to include a three sided plate, and built up spoon.</p> | 1405 | <p>A meeting was held at client # 2's day program to review client # 2's eating protocol and adaptive equipment needs. The day program will implement the protocol at all times. Adaptive equipment to include a built up spoon, three sided plate and a plate riser have been provided for client # 2's use both in his residence and at his program. QMRP to monitor implementation during monthly visits to client # 2 day program and at his home.</p> <p>(Attachment A and B)</p> | 3/26/09 | |
| 1422 | <p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMHP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.</p> | 1422 | | | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
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| 1422 | <p>Continued From page 6</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to residents in accordance with their Individual Habilitation Plan (IHP), for one of the six residents residing in the facility. (Resident #6)</p> <p>The finding includes:</p> <p>During evening observations on March 24, 2009 at 4:30 PM, Resident #6 was observed pulling on his nipples. At 5:45 PM, Resident #6's pocket shirt was torn. Interview with the Qualified Mental Retardator Professional (QMRP) on the same day at 6:45 PM revealed that the resident had been pulling on his nipples because his shirt was torn and he did not come home from day program with a torn shirt. Further interview indicated that the client had a Behavior Support Plan (BSP) to address his behavior of nipple pulling.</p> <p>Review of Resident #6's Psychological Assessment dated January 22, 2009 on March 25, 2009 at 9:30 AM revealed, "pulling on nipples" as a targeted maladaptive behavior to be addressed in the resident's BSP. Further review of the client's BSP dated February 3, 2009, included interventions to address the behaviors of aggression, clothes tearing and touching people. The BSP however, did not include interventions to address pulling on his nipples.</p> <p>Interview with QMRP on March 25, 2009, verified there was no evidence that the current BSP addressed documented interventions to manage Resident #6's behavior of pulling on his nipples. The facility failed to develop written interventions to address and/or manage Resident #6's</p> | 1422 | <p>Client # 6's BSP is being reviewed by the psychologist and revised to include interventions and strategies to address nipple pulling. A BSP will be implemented by</p> | 3/20/09 | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0026 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
| NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 QUINCY PLACE, NW WASHINGTON, DC 20001 | | |
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| 1422 | Continued From page 7 maladaptive behavior. | 1422 | | | |
| 1500 | <p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the rights of residents were observed and protected in accordance with D.C. Law 2-137 (Rights of Mentally Retarded Citizens), this chapter, and other applicable District and Federal Laws, for one of the six residents residing in the facility. (Resident #6)</p> <p>The finding includes:</p> <p>The facility failed to ensure that informed consent was obtained from Resident #6 and/or his legal guardian prior to the administration of his psychotropic medications.</p> <p>Medication administration observation on March 24, 2009 at 6:00 PM revealed that Resident #6 received Seroquel, Inderal, Neurontin and Depakote. Interview with the Licensed Practical Nurse (LPN) on March 24, 2009 at 6:20 PM indicated that the resident received the aforementioned medication for his maladaptive behaviors.</p> <p>During the entrance conference on March 24, 2009 at 8:00 AM, an interview was conducted with the Qualified Mental Retardation Professional (QMRP) revealed the resident did</p> | 1500 | <p>Client # 6's general medical Guardian has signed the consent form for the use of client# 6's psychotropic medications. The consent form includes the benefits /potential side effects associated with the medicating. QMRP will ensure that consents are appropriately signed by the Guardian.</p> | | |

Health Regulation Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0028 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/25/2009 |
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| 1500 | <p>Continued From page 8</p> <p>not have the capacity to give informed consent for the use of medications and habilitation services.</p> <p>Review of Resident #6's record on March 24, 2009, at 10:30 AM revealed a psychological assessment dated January 22, 2009, that verified the QMRP's statement. According to the assessment, Resident #6 "is not able to make independent decisions concerning his residential or day placements. He lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give his informed consent. He lacks the judgment and insight required to make decisions independently." The QMRP further revealed the resident had a court appointed guardian to assist him in decision making.</p> <p>Review of the Resident #6's medical record and additional interview with the QMRP on March 24, 2009 at approximately 10:45 AM failed to provide evidence that Resident #6's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and/or a legally authorized representative.</p> | 1500 | | | |